

<i>SERFF Tracking Number:</i>	<i>AMFA-126807117</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>46812</i>
<i>Company Tracking Number:</i>	<i>UN 1895</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>UN 1895 - Restriction of Ownership Rights</i>		
<i>Project Name/Number:</i>	<i>UN 1895 - Restriction of Ownership Rights/UN 1895</i>		

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: UN 1895 - Restriction of  
Ownership Rights

TOI: L09I Individual Life - Flexible Premium  
Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: AMFA-126807117 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46812

Co Tr Num: UN 1895

Authors: Joanne Friend, Bobbie  
Cramer, Jenny Andrus

Date Submitted: 09/16/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 09/21/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: UN 1895 - Restriction of Ownership Rights

Project Number: UN 1895

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/21/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/21/2010

Created By: Jenny Andrus

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jenny Andrus

Filing Description:

Re: Ameritas Life Insurance Corp. NAIC No. 61301-0943 FEIN No. 47-0098400

Submission Form Identification: UN 1895

Designation of form as Individual or Group Market: Individual

Enclosed for your review and approval is the UN 1895 – Restriction of Ownership Rights Endorsement. This is a new

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form and will not replace any existing form.

This Endorsement will be used by the three UNIFI companies of Acacia Life Insurance Company, Ameritas Life Insurance Corp., and The Union Central Life Insurance Company for all individual life product lines. The client will be asked to check a box on the top of the form to indicate the Company for which they are completing the form.

Since your state requires each company be filed separately, we are also submitting this form for the other two companies, in a separate SERFF submission, simultaneously with this filing.

UN 1895 – Restriction of Ownership Rights Endorsement – This endorsement is anticipated to be used as the result of an employer/employee restrictive bonus arrangement. The owner of the policy, who is the employee, would request the endorsement. In a restrictive bonus arrangement the employer agrees to make premium payments to the employee's life insurance policy. However, the employer wants assurance that the employee will not remove the policy cash values and defeat the long-term purpose of the bonus arrangement, which is an incentive program to induce retention of the employee. Accordingly the employee agrees to the restrictions on the policy until they are removed either by the employer releasing or by the terms of the agreement. The flesch readability score for this form is 48.

No part of this filing contains any unusual or controversial items from normal company or industry standards. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break or renumbering of a page.

## Company and Contact

### Filing Contact Information

Jenny Andrus, Contract Analyst	jandrus@unioncentral.com
1876 Waycross Road	800-825-1551 [Phone] 52984 [Ext]
P O Box 40888	513-595-2918 [FAX]
Cincinnati, OH 45240	

### Filing Company Information

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
P O Box 81889	Group Name:	State ID Number:
Lincoln, NE 68501-1889	FEIN Number: 47-0098400	
(800) 756-1112 ext. [Phone]		

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*SERFF Tracking Number:* AMFA-126807117 *State:* Arkansas  
*Filing Company:* Ameritas Life Insurance Corp. *State Tracking Number:* 46812  
*Company Tracking Number:* UN 1895  
*TOI:* L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* UN 1895 - Restriction of Ownership Rights  
*Project Name/Number:* UN 1895 - Restriction of Ownership Rights/UN 1895

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	09/16/2010	39558664

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	09/21/2010	09/21/2010

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## Disposition

Disposition Date: 09/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Form</b>	Restriction of Ownership Rights		Yes

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## Form Schedule

### Lead Form Number: UN 1895

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UN 1895	Policy/Cont Restriction of ract/Fratern Ownership Rights al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.000	UN 1895.pdf



CHECK ALL COMPANIES THAT APPLY:

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- ☐ **Acacia Life Insurance Company** P.O. Box 81889, Lincoln, NE 68501 800-745-1112, Fax 402-467-7335 (Client Service Office)
- ☐ **Ameritas Life Insurance Corp.** P.O. Box 81889, Lincoln, NE 68501 800-745-1112, Fax 402-467-7335
- ☐ **The Union Central Life Insurance Company** P.O. Box 40888, Cincinnati, OH 45240 800-319-6901, Fax 513-595-2218 (Client Service Office)

## Restriction of Ownership Rights

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Owner \_\_\_\_\_

Employer \_\_\_\_\_

It is agreed by the Owner as follows:

- 1) The Owner will continue to be the Owner of the policy; however, upon execution of this agreement, the Owner will not have the right, without the written consent of the Employer, or successor to:
  - (a) surrender the policy for its cash value
  - (b) obtain a policy loan or make cash withdrawals
  - (c) utilize any dividend values
  - (d) assign the policy as collateral security
  - (e) change the ownership of the policy by further endorsement or assignment
  - (f) exercise any other right, privilege, option or benefit granted by this policy, except as permitted by paragraphs 2 and 3 below.
- 2) The owner may change the beneficiaries entitled to receive payment upon the death of the Insured under this policy.
- 3) On or after the first to occur of (1) \_\_\_\_\_ or (2) the bankruptcy or dissolution of the employer, the Owner may exercise and enjoy every right, privilege, option and benefit granted by this policy on his/her sole signature.
- 4) The Employer shall not be entitled to receive any benefits or avails of the policy.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Employer \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

**FOR THE POLICYHOLDER'S ATTENTION.**

Recorded \_\_\_\_\_

Please print plainly below NAME and ADDRESS to which you wish this form sent when countersigned.

**UNIFI**

By \_\_\_\_\_  
Recorder



<i>SERFF Tracking Number:</i>	<i>AMFA-126807117</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
Compliance certification documents are attached.		
<b>Attachments:</b>		
Reg 19 CERTIFICATION _ALIC_.pdf		
Reg 49 CERTIFICATION _ALIC_.pdf		
UNIV READABILITY CERT.pdf		

**Reg 19 CERTIFICATION**  
**Arkansas**

I, Robert F. Lange, an officer for Ameritas Life Insurance Company. hereby certify that we have reviewed Rule and Regulation 19 and that we meet the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink that reads "Robert G. Lange". The signature is written in a cursive style with a large, stylized "R" and "L".

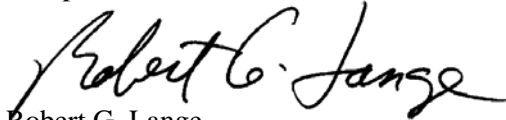
Robert G. Lange  
Vice President, General Counsel and Assistant Secretary

09/15/2010  
Date

**Reg 49 CERTIFICATION**  
**Arkansas**

I, Robert F. Lange, an officer for Ameritas Life Insurance Company, hereby certify that I have reviewed Arkansas Rule and Regulation 49 and that we are in compliance regarding Life and Health Insurance Guaranty Association Notices.

I also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that we are in compliance.

A handwritten signature in black ink, appearing to read "Robert G. Lange". The signature is fluid and cursive, with the first name "Robert" being more prominent.

Robert G. Lange  
Vice President, General Counsel and Assistant Secretary

09/15/2010  
Date

***Reg. Section 6 DI: Method of Disclosure of Required Information***

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

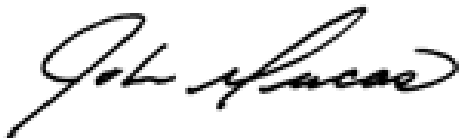
***Reg. Section 6 Life: Valuation***

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

### READABILITY CERTIFICATION

I, John M. Lucas, an officer of The Union Central Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
UN 1895	Restriction of Ownership Rights	48



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**John M. Lucas**  
**Second Vice President, Associate General Counsel and Assistant Secretary**

09/15/2010

I, Robert G. Lange, an officer of Acacia Life Insurance Company, and Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
UN 1895	Restriction of Ownership Rights	48



Robert G. Lange  
Vice President, General Counsel and Assistant Secretary

09/15/2010